



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
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BUREAU OF FACILITY STANDARDS  
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February 1, 2010

TomWhittemore, Administrator  
Communicare, Inc. #4 (Leland)  
40 West Franklin Road Suite F  
Meridian, Idaho 83642

RE: Communicare #4 (Leland), Provider # 13G012

Dear Mr. Whittemore:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Communicare #4 (Leland), which was concluded on January 21, 2010.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

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5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction.

For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 16, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in cursive script that reads "Eric Mundell".

ERIC MUNDELL  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

EM/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/26/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/21/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>COMMUNICARE INC., #4 (LELAND)</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4150 LELAND WAY BOISE, ID 83709</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<b>INITIAL COMMENTS</b>  <p>The facility is a single story Type V (000) residential building fully sprinklered throughout with a complete fire alarm/smoke detection system. Currently the building is licensed for 8 ICF-MR beds. The survey was conducted under the Life Safety Code 2000 Edition, Existing Board and Care Occupancy, Impractical Evacuation Capability and 42 CFR 483.470.</p> <p>No federal deficiencies were cited during the fire/life safety survey on January 21, 2010:</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>		K 000	<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;"><b>FEB 16 2010</b></p> <p style="text-align: center;"><b>FACILITY STANDARDS</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



*Administrator*

**2-11-2010**

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story Type V (000) residential building fully sprinklered throughout with a complete fire alarm/smoke detection system. Currently the building is licensed for 8 ICF-MR beds. The facility was surveyed under IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF-MR).</p> <p>The following deficiency was cited during the fire/life safety survey on January 21, 2010:</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	M 000	<p><b>RECEIVED</b></p> <p><b>FEB 16 2010</b></p> <p><b>FACILITY STANDARDS</b></p>	
MM327	<p>16.03.11.110.02(h) Emergency Electrical Service</p> <p>Each facility must provide emergency electrical service for at least the exit passageway lighting, hall lighting, and the fire alarm system. This Rule is not met as evidenced by:</p> <p>Based on observation and testing, it was determined that the facility had not ensured that for one of one emergency light sampled the unit was not maintained as required. The census was seven. The findings include:</p> <p>Observation on January 20, 2010 at 1:30 p.m. disclosed that a hallway emergency light would not illuminate upon test switch activation. Failure of the light could potentially result in slow evacuation times upon power failure.</p>	MM327	<p>MM327</p> <p>The emergency light battery has been replaced and the light in question is fully functional. Although the light did not function on January 20, 2010 it did function at the previous monthly test. We will continue to test the system monthly and record the results on the Monthly Maintenance Check list per our policy.</p>	2/9/10

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 Administrator

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